

Official

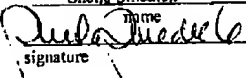
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: DAVID A. SCOTT ET AL )  
SERIAL NO.: 09/894,498 ) ART UNIT  
FILED: June 28, 2001 ) 2645  
FOR: SYSTEM AND METHOD FOR ) EXAMINER:  
ELECTRONIC MESSAGE STATUS ) Gauthier,  
NOTIFICATION AND REPLY USING ) Gerald  
VARIOUS ELECTRONIC MEDIA )

#8/A  
TLR  
5/22/03

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number 703-872-9314 on May 21, 2003

Sheila Smedick

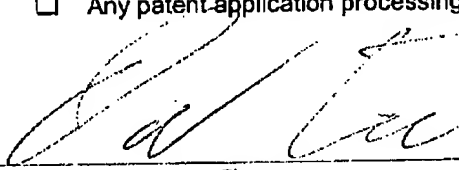
 5-21-03  
signature date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed on March 17, 2003, Applicant requests reconsideration in view of the following amendments and remarks.

BS01045  
BILL-0054

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>01045 (BLL-0054)</b>		
Applicant(s): <b>DAVID A. SCOTT ET AL</b>					
Serial No. <b>09/894,498</b>	Filing Date <b>June 28, 2001</b>	Examiner <b>Gerald Gauthier</b>	Group Art Unit <b>2645</b>		
Invention: <b>SYSTEM AND METHOD FOR ELECTRONIC MESSAGE STATUS NOTIFICATION AND REPLY USING VARIOUS ELECTRONIC MEDIA</b>					
<u><b>TO THE COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	60 -	66 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <b>May 21, 2003</b></div></div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 10px;"><b>David A. Fox</b> Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</div>					
<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div>					
CC:					

P11LARGE/REV06